

Figure 1

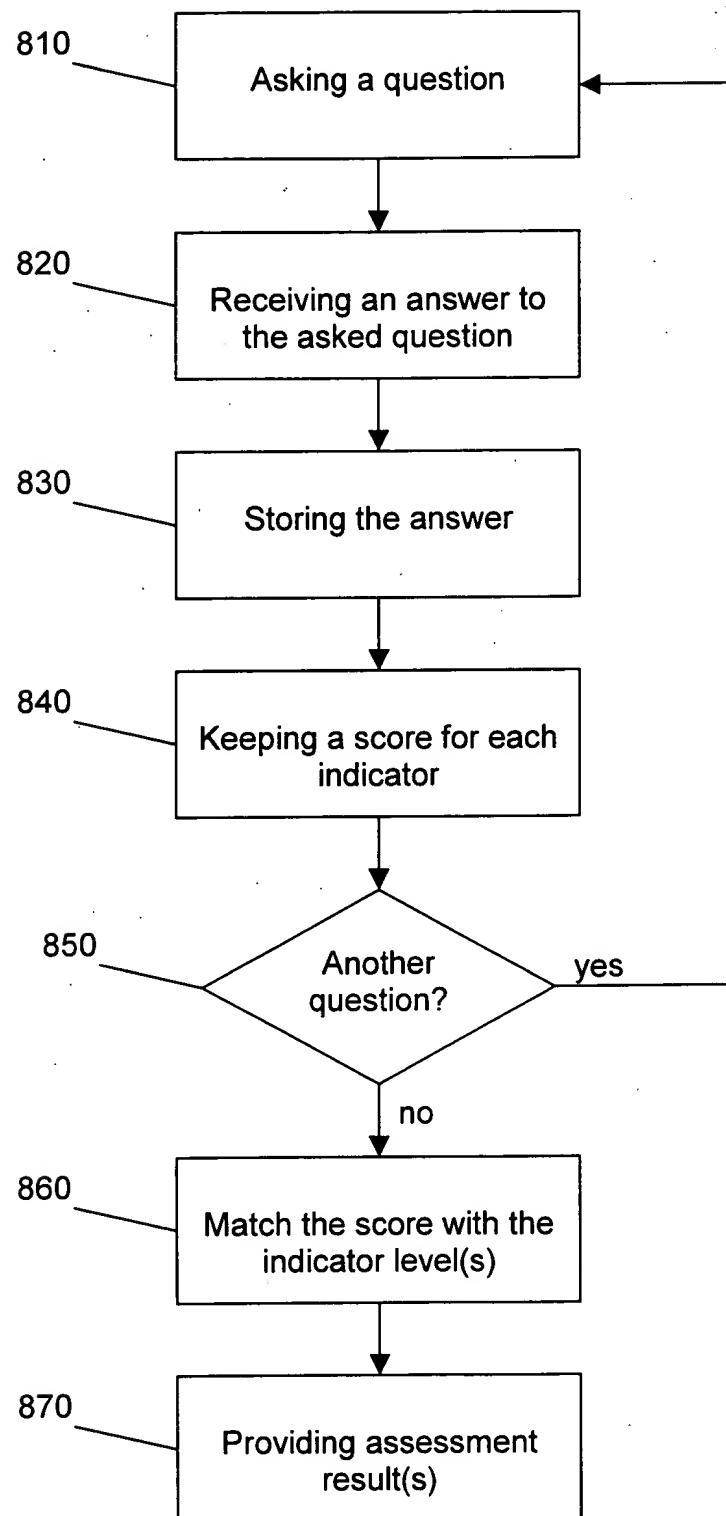


Figure 2(a)

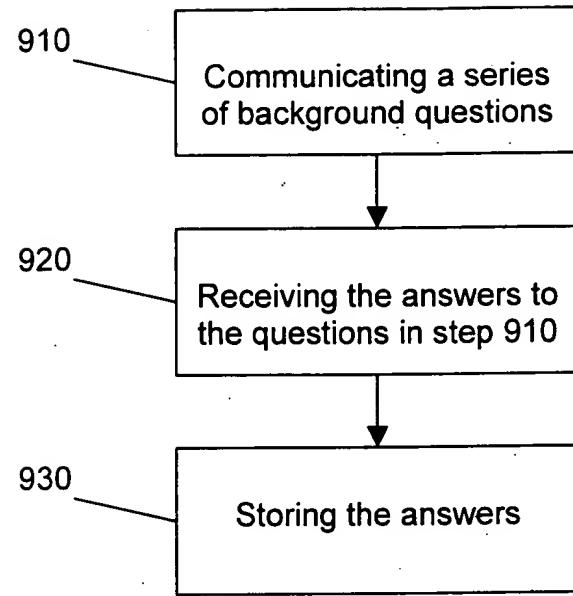


Figure 2(b)

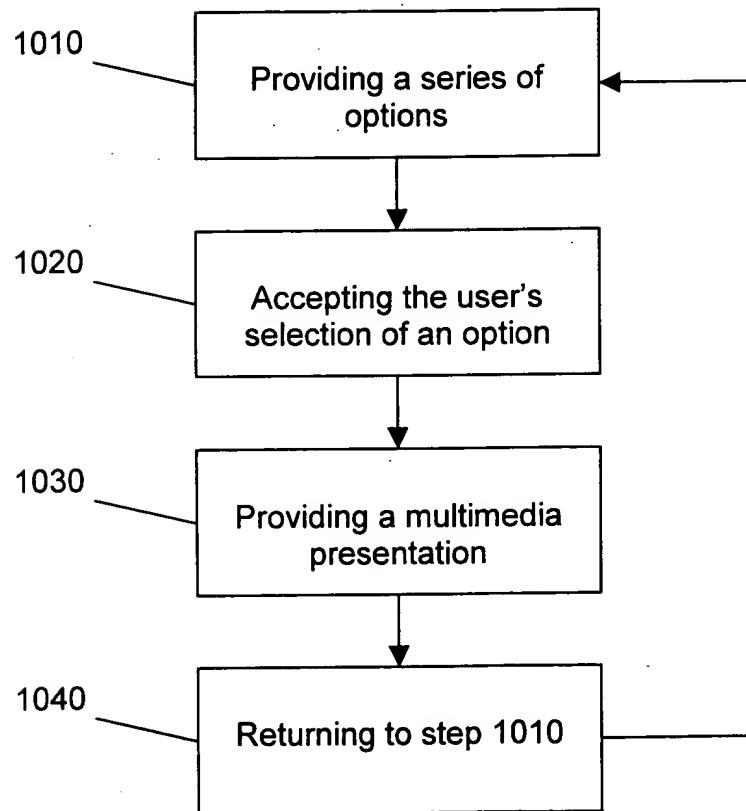


Figure 2(c)

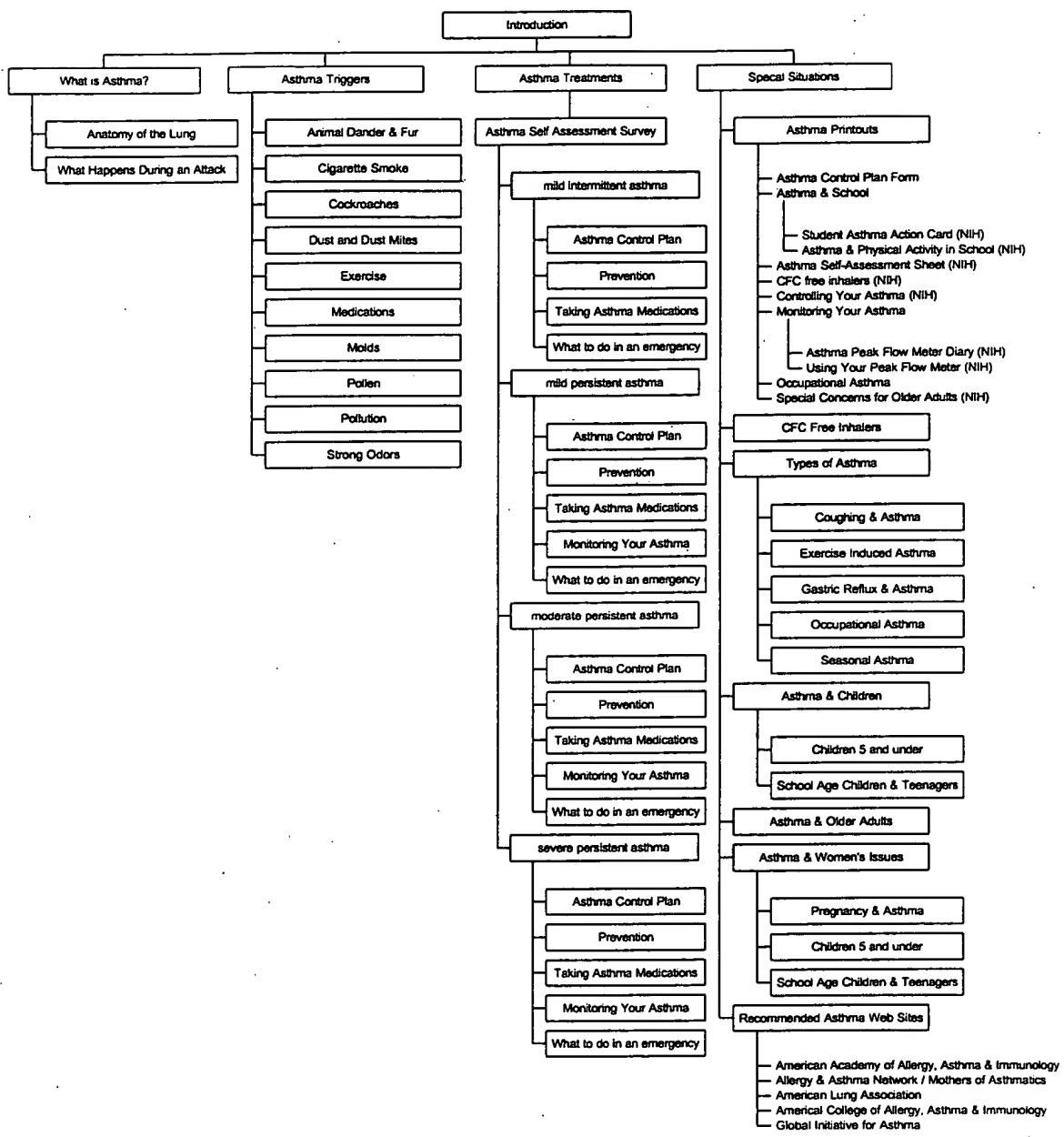


Figure 3

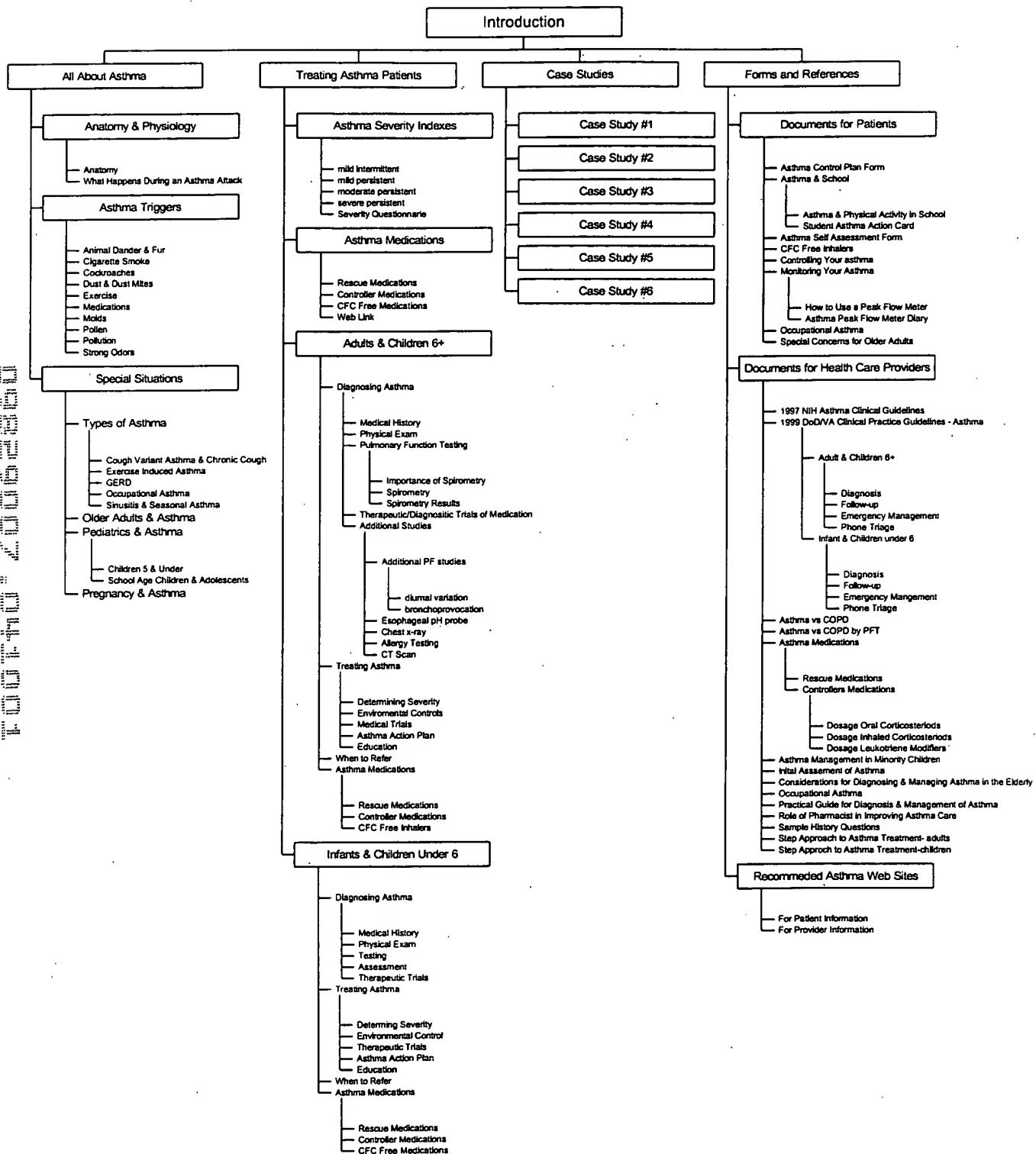


Figure 4

RECORD NUMBER

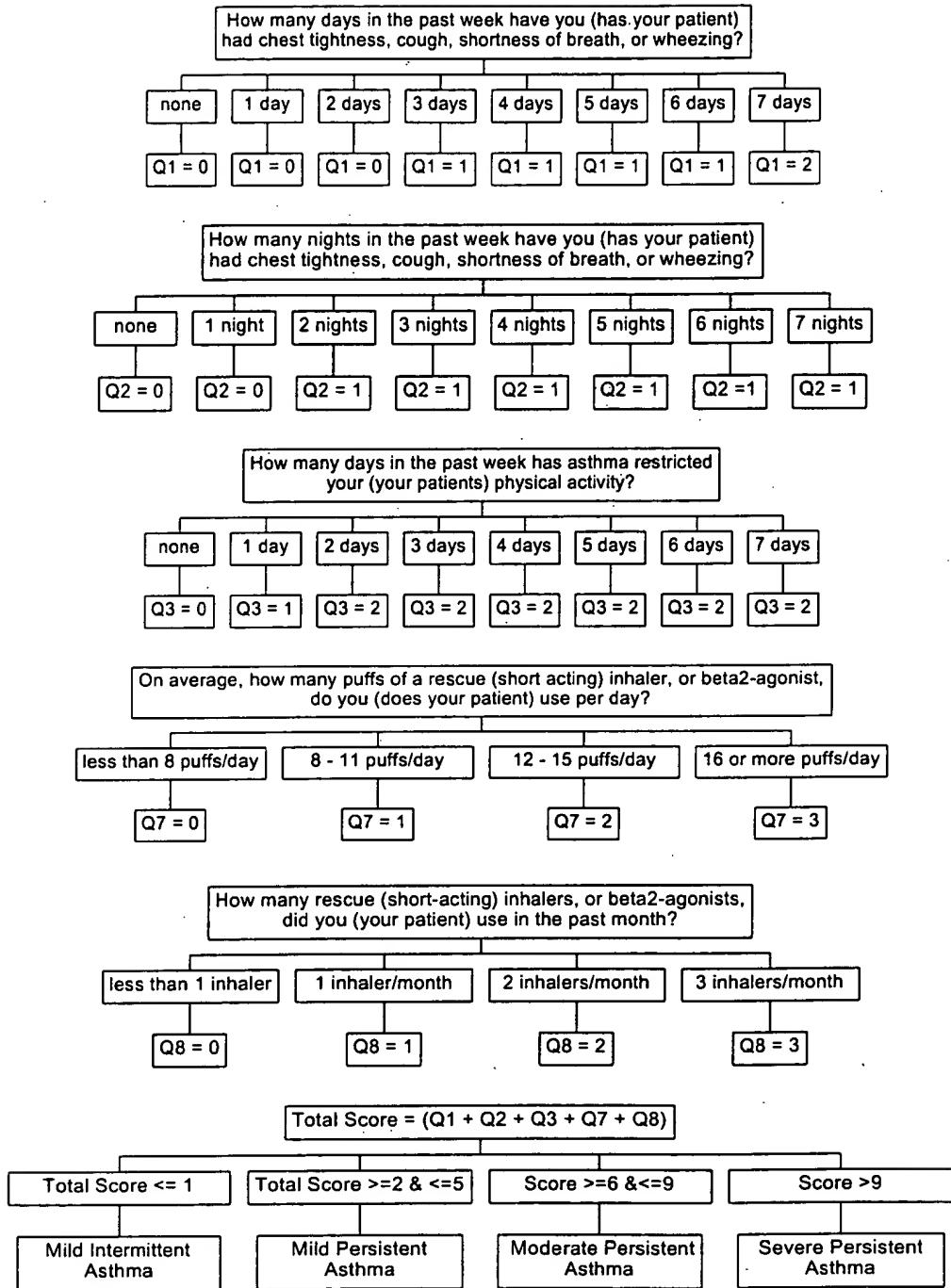


Figure 5

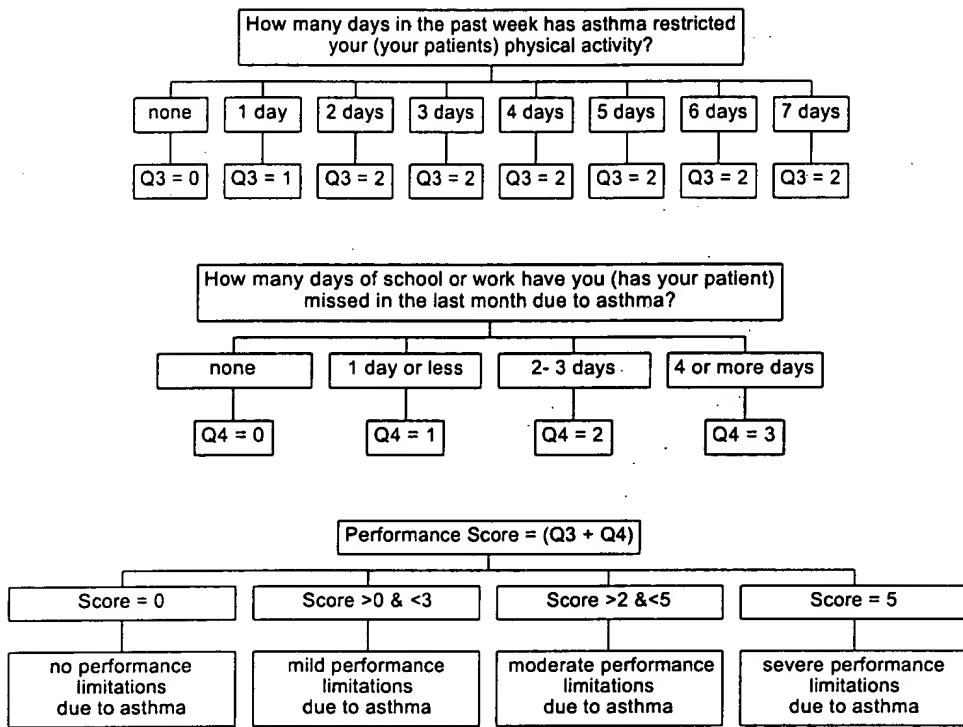


Figure 6

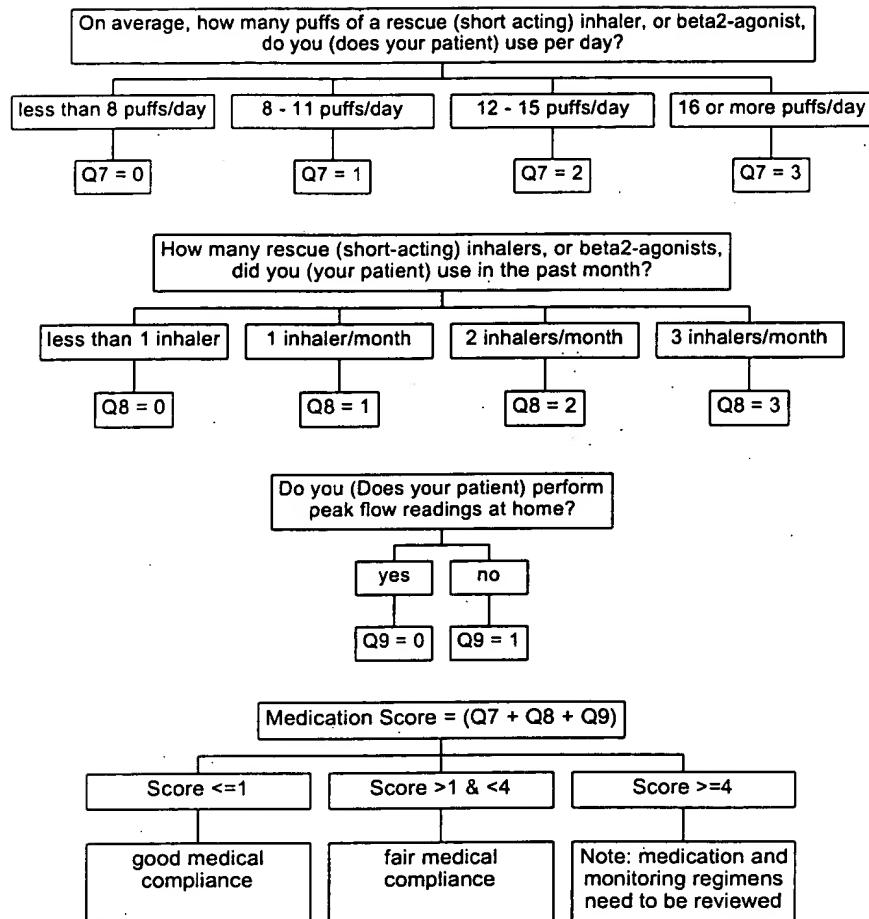


Figure 7

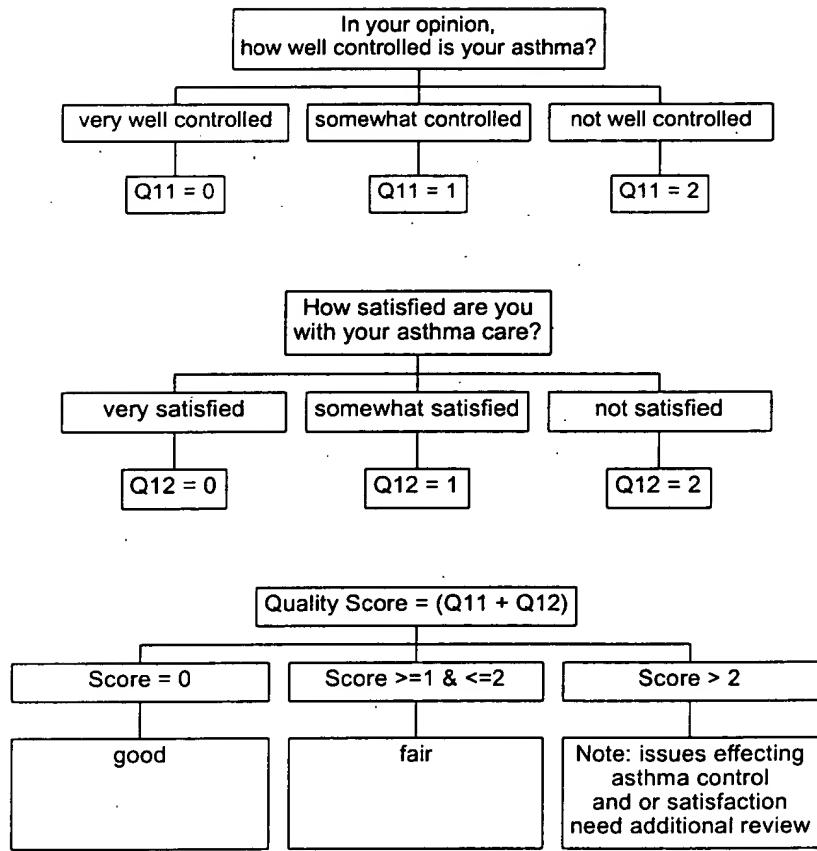


Figure 8

Asthma Self Assessment Survey

Name: <-----FirstName-----> <-----LastName----->
SSN: <-----Password----->
Daytime Phone: _____
Date: <-----Date----->

Asthma Severity Index - Fits a profile of <-----AS-----> Asthma.

Asthma Symptoms

<-----Question1-----> of asthma symptoms in the past week.
<-----Question2-----> of asthma symptoms in the past week.
<-----Comment5-----> asthma attacks since last doctor's appointment.
<-----Comment6-----> unscheduled visits to the doctor, including the ER, since last appointment.

Performance - Has <-----PS-----> performance limitations due to asthma.

<-----Question3-----> of restricted physical activity in the past week.
<-----Question4-----> of missed school/work in the past month due to asthma.

Medication & Monitoring - <-----MS----->

<-----Question7-----> of quick relief medicine, like Albuterol, used per week.
<-----Question8-----> of quick relief medicine, like Albuterol, used per month.
<-----Comment9-----> take peak flow meter readings at home.
<-----Comment10----->

Quality of Life - <-----QS----->

Feels asthma is <-----Question11-----> controlled.
Feels <-----Question12-----> satisfied with asthma care.

This assessment survey is based on the 1997 NIH National Heart Lung Blood Institute Clinical Asthma Guidelines.

Created by the Center for Total Access - Fort Gordon, GA - 2000

*** Please Note: It is important to share this information with your healthcare provider. If you do not have a scheduled appointment in the near future, please feel free to mail this form to your healthcare provider for his/her review.***

Figure 9(a)

Asthma Self Assessment Survey

Name: john doe
SSN: 000112222
Daytime Phone: _____
Date: 2/15/00

Asthma Severity Index - Fits a profile of Mild Intermittent Asthma

Asthma Symptoms

- No days of asthma symptoms in the past week.
- No nights of asthma symptoms in the past week.
- Has not had asthma attacks since last doctor's appointment.
- Has had unscheduled visits to the doctor, including the ER, since last appointment.

Performance - Has mild performance limitations due to asthma

- 1 day of restricted physical activity in the past week.
- 1 day or less of missed school/work in the past month due to asthma.

Medication & Monitoring - Good medical compliance

- Less than 8 puffs of quick relief medicine, like Albuterol, used per week.
- Less than 1 inhaler of quick relief medicine, like Albuterol, used per month.
- Does not take peak flow meter readings at home.

Quality of Life - Fair

- Feels asthma is very well controlled.
- Feels somewhat satisfied with asthma care.

This assessment survey is based on the 1997 NIH National Heart Lung Blood Institute Clinical Asthma Guidelines.

Created by the CTA Disease Management - Fort Gordon, GA - 1998

*** Please Note: It is important to share this information with your healthcare provider. If you do not have a scheduled appointment in the near future, please feel free to mail this form to your healthcare provider for his/her review.***

Figure 9(b)

Asthma Patient Assessment Survey

Name: _____

SSN: _____

Daytime Phone: _____

Date: <-----Date----->

Asthma Severity Index - Fits a profile of <-----AS-----> Asthma

Asthma Symptoms

<-----Question1-----> of asthma symptoms in the past week.
<-----Question2-----> of asthma symptoms in the past week.
<-----Comment5-----> asthma attacks since last doctor's appointment.
<-----Comment6-----> unscheduled visits to the doctor, including the ER, since last appointment.

Performance - Has <-----PS-----> performance limitations due to asthma

<-----Question3-----> of restricted physical activity in the past week.
<-----Question4-----> of missed school/work in the past month due to asthma.

Medication & Monitoring - <-----MS----->

<-----Question7-----> of quick relief medicine, like Albuterol, used per week.
<-----Question8-----> of quick relief medicine, like Albuterol, used per month.
<-----Comment9-----> take peak flow meter readings at home.
<-----Comment10----->

This assessment survey is based on the 1997 NIH National Heart Lung Blood Institute Clinical Asthma Guidelines.

Created by the Center for Total Access - Fort Gordon, GA - 2000

Figure 10